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ABSTRACT

A 4-year preservice program is examined to ascertain the effectiveness of the program and its impact on participants as well as the impact it may have upon future teacher education programs. Data from questionnaires completed by current clinical students and their cooperating teachers are analyzed, discussed, and considered in conjunction with a follow-up survey of earlier students in the program who are now in various phases of their teaching careers. The data presented in this report indicate that early field components in teacher education programs should begin with issues and strategies that are known to provide difficulty for the new teacher. Teacher educators must remember that as knowledge of the profession grows, needs change and must be reinforced and reaffirmed at each level. The findings reinforce the notion that strong preservice components are necessary and that they must be cyclical in nature. For example, analysis of the data suggests that it would be useful to incorporate a mentoring component at the beginning of preservice teachers' field experiences and not limit it to the induction phase. (IAH)

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Guiding Future Teachers into the Twenty-first Century

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Guiding Future Teachers Into the Twenty-first Century

Teacher education is engulfed in a maelstrom. The cry for producing quality teachers to meet the needs of the twenty-first century is causing controversy and conflict. A consensus may be within easy reach if we look at the total teacher education model, rather than the individual components. Acknowledged by all levels of education, from local school teachers to boards of higher education, is a needs assessment of education and the means to produce a solution.

Research has been conducted that involves teacher education programs, their impact on those presently in the field and how it reflects upon their needs. Veenman (1984) pinpointed many of the inadequacies that exist for new teachers which, in turn, led to research on the needs of this population and how to create programs for them. This was followed by the works of innumberable teacher induction researchers (Huling-Austin, Ryan, Odell, Bercik, Blair-Larsen, etc.), each seeking to find answers to this pressing issue: How could and should we prepare a teacher for the world of teaching?

The research has led colleges of education to begin program assessments focused on finding new ways to develop a working framework that will help define the problem, create a rationale,

and develop feasible solutions. An outgrowth caused the Holmes and Carnegie groups to become a reality as they began looking at teacher education. Although each group attacked the problem in its own way, they motivated seasoned educators to start examining and centering on an important aspect of education--teacher training!

This research knowledge in hand, coupled with ready subjects in a Methods of Reading course who were simultaneously doing a 100 hour field experience, I began assessing the students' reflections of these experiences. As I evaluated their observations I noted certain recurring comments and themes.

"Clinical experience should have more hands-on experiences in the classroom."

"This experience helped me gain more confidence in myself."

"I gained knowledge and experience from the cooperating teacher."

"I think that cooperating teachers should be better prepared for our participation and fully understand our role in their classroom."

"I don't think the teacher wanted me in her classroom because she had more important things to do."

"I feel that guidelines should be developed and explained to all the participants."

"I found out that teaching is really for me."

Equipped with the above students' information, new teacher research, a clinical experience program idea, and an invitation to develop a collaborative school relationship, I began what has now evolved into a four year intensive research project.

The first two years of the program (Bercik & Reilly, 1988 and Bercik, 1991) incorporated continued reflection and program changes via input from the principal, staff, and clinical experience students. Upon completion of the program's third year I began asking several questions about the teaching process and what impact, if any, these experiences had upon those presently teaching. As a result, I applied for and received a mini grant from the Illinois Association of Teacher Educators to assess the impact of this program upon their experiences and these individuals.

As a teacher-educator and researcher, I felt that these program components could produce short and long term benefits for any teacher education program. The short term benefits could provide the framework for formalizing the pre service teacher experiences. They could also allow for the examination

of what is and what can be achieved during the pre service time period, thereby establishing the importance of this experience. This aspect is critical, especially since many teacher educators have overlooked the significance of this fundamental period in the pre service teacher's experiences.

The long term benefits could generate the insight into what can be accomplished if a school and/or a district work collaboratively in the early stages of a teacher's growth. Emphasis of the critical components would indicate what and where they should be introduced and reinforced, who and what is necessary to assimilate the teacher education candidates, and how these components interact to create the foundation for future teachers.

Assessment of these goals was completed using three avenues: feedback from the teachers and involved administrators, the current clinical experience students, and a survey of past participants. Pursuant to prior years, surveys were provided the involved faculty **(see Appendix A)**. Students in the field component were provided a Likert Scale instrument that had been used over the past three years, which then was used for comparison purposes **(see Appendix B)**. Finally, a questionnaire was developed and sent to participants of the previous three

years **(see Appendix C).**

Faculty Survey

I began compiling the survey responses and noted that the results reinforced my earlier comments relative to the importance of honesty/trusting, satisfaction, nurturance, and positive results (Bercik, p.203, 1991). These issues are essential for teacher educators if they are to work with school districts and cooperating teachers. As teachers answered Question 1, relative to the program's assets over the past four years, the following comments surfaced to corroborate the above:

"The students provided us with continued help and allowed for a variety of small group experiences."

"The communication has been very good between what is expected by the university and what the teachers expect."

"Great new and innovative ideas were brought into the classroom."

"The clinical experience students are probably the program's greatest asset. I have been impressed by their level of motivation, mature way they worked with children, and their willingness to take on any and all classroom tasks."

"The handbook is very helpful because it answers many questions and clearly defines the program's expectations."

"The seminars are helpful for building lines of communication and understanding."

Question 2, relative to areas of further clarification for the program, fostered no responses. This indicated, that as far as these individuals were concerned, their needs had been met. This is not to say that new ones will not develop, but for this period of time the status quo was acceptable.

Question 3, dealing with a collaborative teacher/student research effort, reflected several ideas. It is important to note that the purpose of this assignment was to encourage on-going research for the teacher and our students. All the teachers were satisfied with the assignment and felt it gave them an opportunity to assess their classes in a way they had not done previously. One teacher felt she had profited from this experience, and would now like to develop her own collaborative project.

Question 4, relative to additional suggestions for the program, found two basic teacher comments. One dealt with a need for increased schedule flexibility by the students; and two, that we ask former participants for input. In the prior

two years, teachers had suggested that all students attend evening parent meetings, visit other classrooms within the school, and that I hold a separate, teachers' only, meeting midway in the semester. All of these issues had been addressed and were now in place.

Question 5 involved the cooperative handbook we had developed at the third year's end, and was now in use. All teachers indicated that the handbook was an asset and should remain as is with only one addition, inclusion of the student evaluation forms. Although they receive copies of this form at the first seminar, they felt it should be a ready resource for them within the handbook.

Question 6, dealing with the midsemester meeting, found all in agreement as to its necessity and import. The respondents indicated that it was a good way for them to hear what other cooperating teachers were thinking, how they handled various situations, and what experiences they were providing their clinical students. An interesting aspect that surfaced, was that all teachers indicated the importance of the clinical students' acknowledgement as "teachers". They felt this provided a positive self image for the clinical student and produced respect within the classroom.

Question 7 dealt with seminar topic discussion (Bercik, p. 205, 1991). The eight topics used at the bi monthly meetings were generated from a needs assessment of new teachers, the school staff, and the university. The teachers indicated that the topics were appropriate, with the most important issue being "that they had been teacher generated."

The remaining two questions dealt with future program participation and possible student teaching options for the clinical participants. The fourth year of the program found all teachers willing to participate, and amenable to the option of having the clinical student as a student teacher. One teacher opined that wider exposure could lead to more experiences for the students, even though she liked the student teaching option.

Clinical Student Survey

Over the past four years thirty-one students have participated in the program, and their responses at the end of the clinical phase have been similar. Even though various components were changed and added as the program evolved, a consistent pattern may be viewed **(see Table One)**.

Insert Table 1 about here

It must be stated that the participating students did not have to meet special criteria, were not interviewed prior to the experience, were unknown to the instructor or school administrator, and were chosen as participants solely upon the basis of their geographic locations to the site. As viewed in Table One, the results on the first six questions remain within the 4.7 - 5.0 range, which indicates that the program is effectively meeting students' needs. The key to the program appears in the remaining question dealing with participation aspects. As the teachers gained better understanding of their role and what clinical students should be doing in the classrooms, one begins to see a variation in the "majority of time spent" activities. This may also be reflective of the involved students' responsiveness and how they viewed their roles. The key area is that of observation, where it starts high in year one and gradually tapers down in the fourth year. One can, at year three, see that the bulk of the students' time is spent in hands-on, experiential activities.

Participants' Survey

A survey, and a letter of explanation, was sent to twenty-two of the thirty-one clinical participants **(see Appendix C)**. Since the fourth group was just entering their student

teaching, they could not respond to the questionnaire and will be surveyed during the next year. The breakdown for participants was as follows:

YEAR	PARTICIPANTS	RESPONDENTS	PERCENT OF RESPONSE
1988	7	3	43%
1989	6	5	83%
1990	9	7	78%
TOTAL	22	15	68%

As I began assessing the responses, I found as many opinions as respondents.

Question 1, dealing with the clinical experience's influence on student teaching, elicited a broad range of comments. The comment that was reiterated time and again involved "a mental preparedness for student teaching", followed by: classroom management, realistic ideas of future teacher expectations, colleague relationships, and school spirit importance. The final issues involved classroom structure and environment, good role models, whole language exposure, and understanding the special needs' students. Beyond that, responses could not be categorized and varied from "never be embarassed to not know an answer" to "there is a fine line

between a teacher and a friend." One student emphasized that "GGs supportive, creative, and friendly atmosphere were an inspiration and a confidence builder."

Question 2 found the majority responding that the clinical experience had benefitted their transition into a "full fledged teacher". Three had just completed student teaching, so they marked it not applicable. All respondents mentioned that the literature based ideas they were exposed to during their clinical helped them develop similar programs in their own classrooms, as well as provided an avenue for them to share this knowledge with colleagues. They felt these experiences helped get them off to a positive start. One teacher summed it up for the group, "If it wasn't for my experiences at GG and the guidance of selected NEIU teachers, I don't think I would be here teaching." Another teacher, now in an inner city school, felt that her positive experience at GG helped as she made the transition to teach in an inner city school. She wrote, "The change is a shock to your system, but your esteem is so high you make it through."

Question 3, dealing with this program and ideas for the overall teacher education program yielded one major thought - "more participation hours." Overall the respondents were pleased with their courses, and felt everyone should have an

opportunity to participate in a similar clinical experience. The areas receiving four mentions involved emphasis on classroom management and discipline, and that entire school programs must be viewed if teaching is to be understood.

Question 4 dealt with the seminars and their benefits. Eleven individuals felt the relaxed atmosphere to share ideas, obtain support, and ask questions was essential. Ten indicated that the sessions were necessary and informative. General comments varied from "enjoyed the actual experiences of the teachers and the university instructor" to, providing "seeds for thought and development of strategies ahead of their needed time."

Question 5 found all fifteen respondents recommending the program be implemented elsewhere. The key reasons centered on: it helps build a strong bond; communication between the clinical student, supervisor, and school helped make the experience a successful one; the seminars were diverse and provided more feedback than was evidenced among friends at other sites; and "I felt like a professional because I was treated as one."

Question 6, dealing with use of the clinical model in student teaching, brought mixed responses. Eight gave a plain yes, while others said yes, but with certain reservations. The

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factors mentioned consistently were "they must be willing to have us there" and "faculty involvement is the key!"

Questions 7 and 8 were meant to assess the first year of teaching based on what they deemed easy or difficult. I used Ryan's (1986) categories to classify the responses. Category 1, shock of the familiar involved those unanticipated areas; Category 2 covered understanding students, coping with students whose behavior and attitudes do not coincide with the teacher, developing student rapport, and maintaining control and discipline; Category 3 dealt with all parent interactions; Category 4 administrator interactions; Category 5 colleagues; Category 6 instructional activities; and Category 7 management. The respondents' answers to these questions were consolidated and may be found in **Table 2.**

Insert Table 2 about here

A Likert scale was used in Question 9 to quantify the teachers' opinions about their first year. Four students were not included in the results because one was not teaching due to family constraints and three had just completed their student teaching **(see Table 3).**

Insert Table 3 about here

Discussion

The evidence suggests that teacher education does make a difference in the teaching effectiveness of future teachers, if one looks at the research and adds it to the results of this program. The support that teachers receive can make a difference in their overall performance, and will help retain them in the field. Research indicates that "student teaching is the most valued aspect of teacher education programs and the cooperating teacher has great influence on the student teacher during the experience" (Guyton, Fall, 1989).

I propose, all things being equal, that we should look at the early field component discussed herein and use this as our foundation. The respondents of this model have provided confirmation that a strong beginning has yielded a competent teacher. Their success is visible in their continued enthusiasm and growth as teachers, and their clear insights of what they feel is necessary.

Although the sample is not large, it must be emphasized that these teachers were not subject to the usual first year

frustrations. They exhibited positive responses in the instructional area, and showed major concerns in only the management area. Upon further examination of the management concerns, I found them to be the typical ones of paperwork, time constraints, pacing, and general management issues.

The beginning experiences of novices must not be taken lightly. The data presented here indicates that early field components in teacher education programs should begin with issues and strategies that are known to provide difficulty for the new teacher. If student teachers are highly influenced by their experiences as research states, a well planned and executed early field experience, as advanced by these results, can only enhance the total program.

The teachers and students involved within this model stated innumerable times the following key issues:

"A need for teacher input within the student seminars."

"An understanding of the process that the university would like to accomplish with their students."

"A school and teachers that are supportive of the students and the university's program."

"Ongoing communication between the university supervisor, the students, and the cooperating teachers."

"Topics that are generated by the current research, the

teachers, and the university program."

"Active participation within the classroom."

"Respect of the clinical student as a teacher and a colleague."

These statements lead me to believe that we are putting our horse after the cart, when in fact, we should be placing the horse in its rightful position. Allegorically speaking, the horse is the mentor. According to Webster's New World Dictionary, a mentor is "a wise, loyal advisor", so if we couple this with Webster's New World Thesaurus we find mentor described as an "instructor, guide, coach." Utilizing these ideas I propose that we begin our mentoring not only during the induction phase of teachers' professional careers, but at the beginning of their field experiences.

Literature relative to mentoring is broad based, but we need refer only to the list of ten characteristics compiled by Bova and Phillips (1981) to see that many of these coincide with what a good field based teacher program should incorporate. This projects' respondents attest to these characteristics and, therefore, our programs should reflect this knowledge base.

Clinical students are individuals who come into the experience with a sound theoretical base and broad range of

teaching strategies and methods. If a model for a teacher education program is to be developed, several givens may be considered. They will be involved in a methods class, actively use the strategies they had been taught, and attend additional seminars involving a university supervisor and their cooperating teachers. The teachers at the school should be involved in the pre planning, ongoing, and post reflection seminars. The students should have access to all involved participants and other school personnel. This process will set the tone for the future.

Recommendations

A program of substance emerges if one combines this project and research about teachers' needs and concerns. The following components are integral to all programs and must be considered cyclical in nature, because as students' knowledge about teaching increases, perspectives change. This is not to say they fully understand. It simply indicates they have moved on to another plateau where they receive similar material, only this time, it is adjusted to their stage of development for these experiences. This is repeated, yet again, at the induction phase. Each time the areas are repeated and

reinforced, the needs ratio diminishes allowing for growth of the teacher, thereby allowing for the qualities necessary in the evolving of the expert teachers' decision making process (Westerman, 1991).

If we provide qualified guidance during the clinical phase, encourage university/school collaboration based on sound research and experience, enhance and encourage symbiotic relationships during student teaching, and foster several levels of support during the induction period, we will succeed in producing more teachers who say, "It's great, everything I hoped for and more! I'm not saying that I don't have my crazy days, but I feel....did a great job preparing me." Dewey's words (1938, p.35) will now ring true:

> A primary responsibility of educators is that they not only be aware of the general principle of the shaping of the actual experience by environing conditions but that they also recognize in the concrete what surroundings are conducive to having experiences that lead to growth.

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Appendix A

Clinical Experience Questionnaire - Glen Grove Teachers

I would appreciate your response to the following questions. These ideas help clarify thoughts and evaluate what was accomplished during the past year. Thank you for your cooperation.

~~~~~~

1. Discuss any areas you feel have been an asset to the program over the past four years.
2. Discuss any areas you feel need further clarification or correction.
3. This is the second time I assigned a collaborative research effort between you and your student, so I would appreciate your thoughts or feedback. Should it remain as is, or would you like to create a project of your own?
4. Discuss / list any suggestions or additions you think would benefit the program.
5. This is the first year we had a cooperating teacher and student handbook developed by the school committee, would you like to see anything added or changed? Explain.
6. This is the first year we had a midsemester meeting between you and me, would you like this to change or remain as is? Explain?
~~~~~~

7. The topics discussed have been changed over the past four years, would you like any added or revamped? Explain.
8. I noticed that this year some of you requested your students for student teaching. Would you like this as an option if you and the student agree upon this? ____Yes ____No Would you be able to make a judgement on this by the end of October? ____Yes ____No
9. I would be willing to participate in the program in the coming year. ____Yes ____No

Appendix B

Clinical Experience Evaluation Form

School Name:_____ Student Major:_____

Direction: On a scale of 5 - 1, with 5 being the highest, rate your clinical experiences.

---

5 4 3 2 1 The school provided me with a variety of experiences

5 4 3 2 1 These experiences will be of use to me when I go into student teaching

5 4 3 2 1 The overall experience at this school was worthwhile

5 4 3 2 1 My cooperating teacher would be an asset to other clinical experience students

5 4 3 2 1 My university instructor gave me support during this experience

5 4 3 2 1 The seminars were worthwhile and coordinated the overall experience

The majority of the time was spent in the following activities: (rate each area separately)

5 4 3 2 1 observation

5 4 3 2 1 individual tutoring

5 4 3 2 1 small group interaction

5 4 3 2 1 whole class lessons

Additional comments and / or thoughts:

Appendix C

Glen Grove Participants' Survey

Years in education:___ Present position:_____

Years at present school:___ School/Location_____

Type of school: ___K - 3 ___K - 8 ___4 - 6 ___7 - 8

___Urban ___Suburban

Student teaching completed at:_____

---

1. Thinking back on your experience at GG, how did it help in your student teaching?
2. Has the GG experience helped now that you are on your own as a teacher? If so, how? If not, why not?
3. What kinds of experiences do you think should be added to the teacher education program at NEIU? To the GG program?
4. As you reflect upon this experience, how beneficial were the seminars? Explain. Are there changes you would suggest?
5. Would you recommend that similar programs be instituted at other school sites?
6. Do you think the GG model would be helpful in student teaching, or do you think it should remain as it is?

The following questions are general in nature about the program at NEIU. As you answer these questions think about your overall

program at NEIU and how it, as well as the GG experience, influence you.

7. During your first year of teaching what, in relation to teaching, was easy? Explain.

8. During your first year of teaching what, in relation to teaching, was difficult? Explain.

9. During your first year, what areas posed the greatest difficulty? (Rank the following areas, considering 5 the highest degree of difficulty; 1 little or no problem; NA indicating not appliable to your situation.)

5 4 3 2 1 NA	classroom management
5 4 3 2 1 NA	classroom discipline
5 4 3 2 1 NA	parental conferences
5 4 3 2 1 NA	teaching reading
5 4 3 2 1 NA	teaching mathematics
5 4 3 2 1 NA	teaching science
5 4 3 2 1 NA	teaching social studies
5 4 3 2 1 NA	teaching language arts
5 4 3 2 1 NA	teaching fine arts

Name:_____

Address:_____

Phone Number:_____

Table 1

Clinical Student Survey Responses

Item Number	Year 1	Year 2	Year 3	Year 4
1.	5.0	4.71	4.83	5.0
2.	5.0	4.86	4.83	5.0
3.	5.0	4.86	5.0	5.0
4.	5.0	4.86	5.0	4.75
5.	5.0	5.0	4.83	4.75
6.	4.71	5.0	4.50	4.75
The majority of the time was spent in:				
observation	4.71	4.50	2.50	2.75
tutoring	3.57	4.0	3.17	3.63
small group	4.0	4.25	4.0	3.88
whole group	3.71	4.0	3.33	3.50

Table 2

Responses to Categories by GG Participants

Question 7: During your first year of teaching what, in relation to teaching, was easy?

Question 8: During your first year of teaching what, in relation to teaching, was difficult?

	Question 7		Question 8	
Categories	n	%	n	%
1 Shock of the familiar	0	0	5	45
2 Understanding students	3	27	0	0
3 Parents	1	9	2	18
4 Administration	0	0	0	0
5 Other staff members	1	9	0	0
6 Instruction	11	100	3	27
7 Management	0	0	9	82

n = 11

a = Number of teachers mentioning the category

b = Percentage achieved by dividing teachers mentioning category into total respondents

Table 3

Response to Specific Categories in Question 9

Category	n	Mean
management	11	2.45
classroom discipline	11	2.18
parental conferences	9	1.33
teaching reading	10	1.50
teaching mathematics	9	1.67
teaching science	8	1.63
teaching social studies	8	1.63
teaching language arts	10	1.80
teaching fine arts	5	2.80

n = number responding to item if it applied to their situation

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The areas of specialization involve teacher induction, preservice programs, reading, and parent education. Major publications involve a *Student Teaching Handbook* and multiple articles dealing with research in the area of teacher induction.

Abstract

Examination of a four year preservice program and its impact upon the participants is evaluated to ascertain the effectiveness of the program and the impact it may have upon future teacher education programs. Questionnaires provided to the clinical students and their cooperating teachers are analyzed and discussed, in conjunction with a current survey of these students now in various phases of their teaching careers. Teacher educators must remember that as knowledge of the profession grows, needs change and must be reinforced and reaffirmed at each level. These implications reinforce the notion that strong preservice components are necessary and must be cyclical in nature.

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